

**Previously Approved Protocol #:**

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| **Amendment to Registration Document For Biohazards** |
| **P.I Information** |
| Name: | Title: |
| Department: | Email: |
| Phone Number: |
| **Location of Study** |
| Building: | Room #’s: |
| Are the facilities shared: [ ]  Yes [ ]  No | If yes, with what group: |
| Date of study: |

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| **Section A: General/Administrative Information** |
| Protocol Title: |  |
| PI’s Anticipated Biosafety Level: |  |
| Brief Description of Protocol (please describe experimental protocol including how the biological material will be utilized in the laboratory, attach additional sheet if necessary): |

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| **Section B. Biohazard Registration Amendment** *Please check all that apply and describe the nature of the requested amendment and fill out the Principal Investigator Acknowledgement section* |
| ***Please check all that apply*** |
| [ ]  | **Addition of Exempt Recombinant DNA Experiments** | [ ]  | **Addition of Non-Exempt Recombinant DNA Experiments** |
| [ ]  | **Addition of Research with Potentially Infections Biological Agents** | [ ]  | **Addition of Human and Non-human Primate Blood, Body Fluids, Cell Lines, and Tissue Explants** |
| [ ]  | **Addition of Toxins of Biological Origin** | [ ]  | **Addition of new laboratory workers** |
| **Please describe the nature of all amendments checked above** |
| *Describe:* |
| [ ]  | **This/these amendment(s) changes any protocol-specific laboratory safety items described in the original protocol** |
| *Describe:* |

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| **Principal Investigator Acknowledgement:** |
| By signing below, the Principal Investigator acknowledges that the laboratory workers (including students, faculty, staff or visitors) under his or her direction have received appropriate training required to manipulate, store, and disinfect the microorganisms, human-derived materials, recombinant or other materials proposed for use in the following protocol. Further, laboratory workers have been instructed on emergency procedures involving potentially infectious materials as outlined in the NJIT Biological Safety Guide.Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Biosafety Committee Action**:  |
| This protocol was reviewed by the NJIT Institutional Biosafety Committee on:\_\_\_\_\_\_\_\_\_\_\_\_\_The following IBC action was taken: |
| [ ]  | Protocol Approved |
| [ ]  | Protocol Withdrawn |
| [ ]  | Protocol Conditionally Approved |
| [ ]  | Protocol Tabled Until Next Meeting |
| [ ]  | Protocol Not Approved |
| **Protocol Approved By:** |  |
| **Assigned Biosafety Level:** |  |
| **Signature:** |  |